



CHUBB®

Mailing & Billing Address: P.O. Box 42065, Phoenix, AZ 85080
Tel: (213) 612-0880 Toll Free: (800) 262-4459 Fax: (800) 664-1765

June 21, 2019

SENT VIA E-MAIL TO : N/A

Jonathan Shockley
1000 Sutter St
San Francisco, CA 94109-5818

JUN 24 2019

Re: Claim Number:	040519008736
Policy Number:	000071738154/000090
Employer:	Biotelemetry, Inc
Employee:	Jonathan Shockley
Date of Accident:	2/15/2019
Writing Company:	Chubb Indemnity Insurance Company

NOTICE REGARDING TEMPORARY DISABILITY BENEFITS PAYMENT TERMINATION

Dear Jonathan Shockley,

Chubb is handling your workers' compensation claim on behalf of Biotelemetry, Inc. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

Payments are ending because released from medical care by Dr. O'Lang. A copy of the report is attached to this notice.

Benefits paid to you total \$ 9,019.77. Benefits were paid to you as Temporary disability. Period(s) paid were from 03/01/2019 through 06/07/2019 at \$ 637.76 per week. Please see the attached detailed payment record for specific periods and amount paid.

Included in the total benefit paid is an overpayment totaling \$ 911.09. The overpayment was paid for the period(s) from 05/29/2019 through 06/07/2019 at \$ 637.76 per week.

The termination of Temporary Disability benefits is based on the evaluation of treating physician Patrick O'Lang, MD dated 05/28/2019. If you disagree with the results of the evaluation of the treating physician, you may obtain an evaluation by a Qualified Medical Evaluator (QME).

If you are represented, you may contact your attorney with any questions.

Additional information may be found in the publication *Workers' Compensation in California: A Guidebook for Injured Workers*. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation.

Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Temporary Disability is discussed in chapter 5 of the Guidebook.

Chapter 5: Temporary Disability: <http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter5.pdf>

Permanent Disability is discussed in chapter 7 of the Guidebook.

Chapter 7: Permanent Disability: <http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter7.pdf>

Chapter 4: Resolving Problems with Medical Care & Medical Reports

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions about the information provided to you in this notice, please call, Mario Castro at 213-612-0880. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not Mario Castro.

For information about the workers' compensation claims process and your rights and obligations, go to www.dir.ca.gov or contact an Information and Assistance (I&A) Officer of the State Division of Workers' Compensation. For recorded information and a list of offices, call (800)736-7401.

Si usted prefiere recibir esta carta en español, por favor llame al numero 213-612-0880.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,

Mario Castro

Mario Castro
213-612-0880

cc:
Biotelemetry, Inc
ATTN: HUMAN RESOURCES
33 New Montgomery St,
San Francisco, CA 94105

Farber & Co
333 Hegenberger Road, #504
Oakland, CA 94621

Christian Charles Colantoni
Colantoni, Collins, Marren, Phillips and Tulk
201 Spear Street #1100
San Francisco, CA 94105

Enc.: Payment record; Medical report, Patrick O'Lang, MD, 05/29/2019

The Hand Center of San Francisco, Inc

Kyle D Bickel, MD

Patrick O Lang, MD

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Reconstructive Surgery

May 28, 2019

Chubb/Wc
P.O. Box 42065
Phoenix, AZ 85080

RE: Jonathan Shockley
Employer: Biotelemetry
DOI: 06/25/2018
Claim #: 040519008736

TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT/PR3

Dear Ladies and Gentlemen:

This patient has been under my care for treatment of his bilateral upper extremity repetitive strain injury.

HISTORY OF INJURY This patient is a 40-year-old right-hand-dominant EKG technician who was referred to my office with bilateral upper extremity pain. His symptoms arose in the setting of his work as an EKG technician. His job is a quota-based position that requires him to analyze large numbers of EKG reports on a computer monitor. This involves extensive mouse clicking in a repetitive fashion. In the course of his work, he developed a diffuse of bilateral hand and forearm pain.

TREATMENT RENDERED This has been managed conservatively with work restrictions and occupational hand therapy. In addition, he is undergone a formal ergonomics evaluation of his computer work station.

CURRENT STATUS Unchanged.

CURRENT SUBJECTIVE COMPLAINTS The patient continues to report vague bilateral hand and wrist and forearm pain. He has been off work for several weeks now but the symptoms are persistent. He reports that he was talking on the phone just a few days ago and had a significant exacerbation of his right wrist and forearm pain from simply holding a phone.

Patient Name Jonathan Shockley

Date of Visit 2019-05-28

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PHYSICAL EXAM Physical exam continues to be within normal limits. Tinel's sign in the ulnar nerve at the elbow is negative bilaterally. Forearm compartments are soft and nontender to palpation bilaterally. Finkelstein's test is negative at the wrist bilaterally. Wrist range of motion and digital range of motion are normal bilaterally. Carpal tunnel compression test is negative bilaterally. Sensation is grossly intact distally bilaterally.

IMPRESSION 40-year-old man with bilateral upper extremity repetitive strain injury. I had a lengthy discussion with the patient today regarding his current status. Unfortunately, I have no additional treatment to offer him. His symptoms are classic for repetitive strain injury and are clearly related to the nature of his work as a reviewer of EKGs. This job requires very high-volume and repetitive use of a mouse and keyboard. I told him that the prognosis for these sorts of repetitive pain symptoms is highly variable. My suspicion is that the symptoms will eventually resolve. The timeline is not clear. He is emphatic about being unable to use a computer as any minor use of the computer causes flares in his symptoms. I therefore recommended that we designate him Permanent and Stationary status with the permanent work restriction of no computer use. He understands that this will likely have implications for his employment.

TREATMENT/FUTURE MEDICAL None needed.

WORK STATUS Modified duty with no use of the computer.

FOLLOW UP None needed.

Thank you again for your referral. Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic # A106890

POL/kt

SIGNED ELECTRONICALLY BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 5/29/2019 9:42:41 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3

Financial Log Results | Financial Log Calculator

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Posted Totals			
Line Item	Amount		
Loss Paid	9,019.77 USD		
Number of Weeks Paid	15		
Total Paid/Number of Lost Time Days by SBT Code and WC Benefit Rate			
SBT Code	Payment Value	Number of Lost Days	
TTD	9,019.77 USD	100	
Death	0.00 USD	0	
TPD	0.00 USD	0	
PTD	0.00 USD	0	
PPD	0.00 USD	0	

Total:	9,019.77 USD	100
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Back

Financial Log Results

Found: 7 Displaying: 1 - 7

Search Results for Claim Number: 040519008736

Financial Type:	Payment	Issue Date:	6/07/2019	Total Amount:	1,275.52 USD
Group Status:	Posted			Payable To:	Jonathan Shockley
Performer:	Paul Solis				
Check Number:	000004224191				
Claimant/Line		Svc/Benefit		Start Date	End Date:
01-2 Jonathan Shockley / Inden		TTD	5/25/2019	6/07/2019	1,275.52
Financial Type:	Payment	Issue Date:	5/24/2019	Total Amount:	1,275.52 USD
Group Status:	Posted			Payable To:	Jonathan Shockley
Performer:	Paul Solis				
Check Number:	000004196644				
Claimant/Line		Svc/Benefit		Start Date	End Date:
01-2 Jonathan Shockley / Inden		TTD	5/11/2019	5/24/2019	1,275.52
Financial Type:	Payment	Issue Date:	5/10/2019	Total Amount:	1,275.52 USD
Group Status:	Posted			Payable To:	Jonathan Shockley
Performer:	Paul Solis				
Check Number:	000004166856				
Claimant/Line		Svc/Benefit		Start Date	End Date:
01-2 Jonathan Shockley / Inden		TTD	4/27/2019	5/10/2019	1,275.52
Financial Type:	Payment	Issue Date:	4/26/2019	Total Amount:	1,275.52 USD
Group Status:	Posted- PRP			Payable To:	Jonathan Shockley
Performer:	Paul Solis				
Check Number:	000004134704				
Claimant/Line		Svc/Benefit		Start Date	End Date:
01-2 Jonathan Shockley / Inden		TTD	4/13/2019	4/26/2019	1,275.52
Financial Type:	Payment	Issue Date:	4/12/2019	Total Amount:	1,275.52 USD
Group Status:	Posted- PRP			Payable To:	Jonathan Shockley
Performer:	Paul Solis				
Check Number:	000004104533				
Claimant/Line		Svc/Benefit		Start Date	End Date:
01-2 Jonathan Shockley / Inden		TTD	3/30/2019	4/12/2019	1,275.52

Financial Type: Payment		Issue Date:	3/29/2019	Total Amount: 1,275.52 USD
Group Status: Posted- PRP		Payable To: Jonathan Shockley		
Performer: Paul Solis				
Check Number: 000004072711				
Claimant/Line		Svc/Benefit	Start Date	End Date:
01-2 Jonathan Shockley / Inden		TTD	3/16/2019	3/29/2019
				Amt
				1,275.52
Financial Type: Payment		Issue Date:	3/15/2019	Total Amount: 1,366.65 USD
Group Status: Posted- PRP		Payable To: Jonathan Shockley		
Performer: Paul Solis				
Check Number: 000004045264				
Claimant/Line		Svc/Benefit	Start Date	End Date:
01-2 Jonathan Shockley / Inden		TTD	3/01/2019	3/15/2019
				Amt
				1,366.65




